

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016133

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 20

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY

NEW MADRID

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN New Madrid Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION No.

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo. NEW MADRID

c. CITY OR TOWN

Kewanee

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
2 miles south of Kewanee

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BEN

TYMS

4. DATE OF DEATH

Month

Day

Year

April - 8 - 1962

5. SEX

M

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

SEP-3-1899

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Miss U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

HENRY TYMS

13b. MOTHER'S MAIDEN NAME

U.N.K.

14. NAME OF HUSBAND OR WIFE

Susie Anna Tims

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or (unknown)) (If yes, give year or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Susie A. Tims - Kewanee, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis
Primary, prostate

INTERVAL BETWEEN ONSET AND DEATH

6 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1961 to Apr. 62 and last saw him alive on 4 Apr. 62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Dee or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burial April 15 - 1962 Sandhill
Richards Funeral Home, Inc.

4 - 12 - 62

New Madrid, Mo.
Jay Hedgepeth

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10720

20720

3

4 2

5 1

6

7 1

8 2

9 177X

10

11

12 90-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. H. Hieppert*

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.